

State of Washington  
Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATER  
☒ Permanent ☐ Temporary ☐ Short Term

**\*\*CSRIA VRA Drought Permit\*\***

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

\$50.00  
check # 6450  
1/8/09  
BHT

For Ecology Use  
(Date Stamp)  
**RECEIVED**  
JAN 08 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

**Section 1. APPLICANT**

Applicant/Business Name: Berg Farms, LLC	Phone No: 509-786-1714	Other No:
Address: Post Office Box 127		
City: Paterson	State: Washington	Zip: 99345
Email Address (optional): bergfarmsllc@hotmail.com		

Contact Name (if different from above): Matt Berg	Phone No: 509-727-4599	Other No:
Relationship to Applicant: Partner		
Address: Post Office Box 127		
City: Paterson	State: Wa	Zip: 99345
Email Address (optional): Same as Above		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: \_\_\_\_\_

\_\_\_\_\_

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
<b>TOTAL:</b>			

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☐ NO

Is this request for a temporary permit? ☐ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Ecology Use	APPLICATION NO: <u>54-35221</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>01/08/2009</u> Check No: <u>6450</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>01/08/2009</u> By <u>31 BENTON</u> WRIA: <u>31 BENTON</u>



### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<b>A.) If Surface Water Source</b>  <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____  Source Name: _____ See Attachment  Tributary to: _____  Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>B.) If Ground Water Source</b>  <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____  Well diameter & depth: _____  Number of proposed points of withdrawal: _____  Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO  If available, attach Water Well Report and pump test.  Well Tag ID No. _____			
<b>C.) Point of Diversion/Withdrawal – Legal Description</b>							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide the owner name(s), address, and phone number: \_\_\_\_\_

### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See Attachment						
¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☐ NO  
If yes, provide the water right and/or claim numbers: \_\_ s4-34553P  
30834P

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): See Attachment

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## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	
_____	

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = 3950 Total \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

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Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

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**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

**Other Use**

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: \_\_\_\_\_ Lenzie Road and HWY 221 Paterson, Washington 6

Miles North of Paterson at Mile marker 6 \_\_\_\_\_

Site Address: \_\_\_\_\_ 61502 West Lenzie Road Paterson Washington 99345



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

MAH Berg  
 Print Name  
 (Applicant or authorized representative)

[Signature]  
 Signature

1/5/09  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

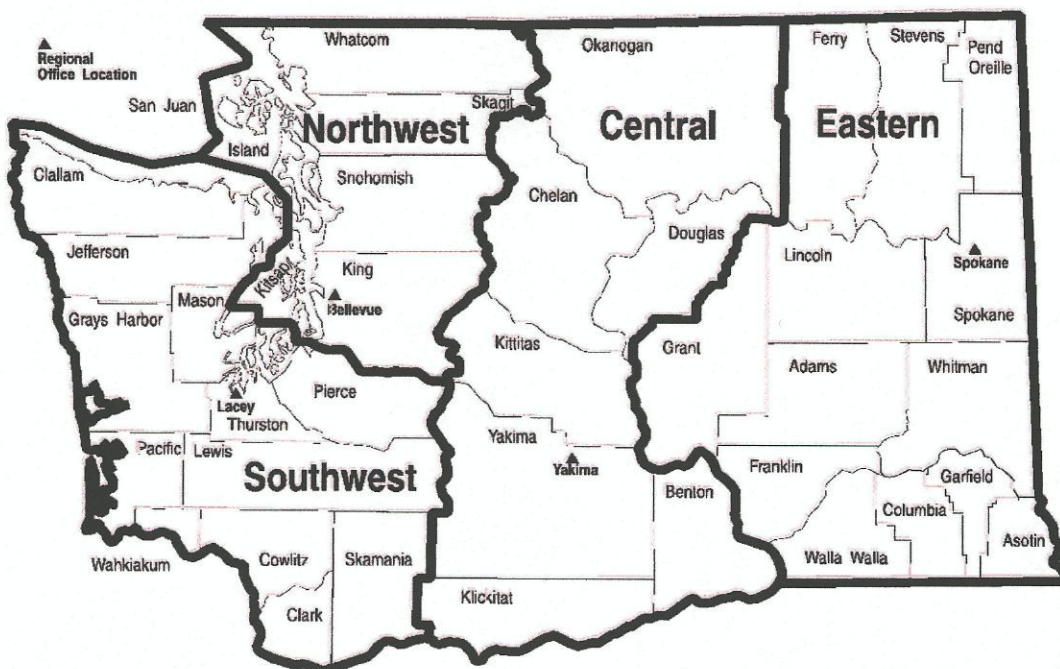
**Submit your application to:** DEPARTMENT OF ECOLOGY  
 CASHIERING SECTION  
 PO BOX 47611  
 OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☒ XCentral ☐ Eastern

**\*\*COLUMBIA RIVER PROGRAM\*\***

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



**Southwest Regional Office:** 360-407-6300

**Northwest Regional Office:** 425-649-7000

**Central Regional Office:** 509-575-2490

**Eastern Regional Office:** 509-329-3400